

Posttraumatic Stress Disorder in the Elderly

Rebekah J. Jakel, MD, PhD*

KEYWORDS

• Posttraumatic stress disorder • PTSD • Elderly • Aging • Dementia • Trauma

KEY POINTS

- Posttraumatic stress disorder (PTSD) can arise from a variety of different traumatic stressors and can have long-lasting impact.
- Chronic PTSD is associated with poorer health outcomes, including cardiovascular disease and dementia as compared to those without PTSD.
- Older adults should receive treatment of PTSD with attention to age-related changes in drug metabolism and comorbidities.

Exposure to traumatic events can occur across the life span. Although most people respond to trauma with some level of psychological distress, most return to pretrauma levels of health within 3 months. A subset continues to have persistent and debilitating cognitive, behavioral, arousal symptoms as part of posttraumatic stress disorder (PTSD) that may resolve or become chronic. The *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition)¹ defines exposure to actual or threatened trauma as direct, witnessed as occurring in others, learning of violent events that occurred to a close family member, or repeated exposure to details of trauma. Symptom clusters include intrusion symptoms of recurrent, distressing memories, nightmares, flashbacks, avoidance of reminders of the trauma, negative cognitions and mood associated with the traumatic events, and hyperarousal symptoms that occur greater than 1 month, cause distress, and have no other known cause.

The lifetime prevalence of PTSD is 8.7% by age 75 using *Diagnostic and Statistical Manual of Mental Disorders* (Fifth Edition) criteria.¹ It has been hypothesized that women are at increased risk of PTSD given recognized increased vulnerability to comorbid mood disorders; however, women may be at increased risk of exposure to traumatic events, especially interpersonal violence, such as sexual and domestic violence. Patients with PTSD are 80% more likely to have comorbid psychiatric disorders,

Disclosure: The author has nothing to disclose.

Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, 3950, Durham, NC 27710, USA

* Durham VA Medical Center, 116A, 508 Fulton Street, Durham, NC 27705.

E-mail address: rebekah.jakel@duke.edu

including mood, anxiety, and substance use disorders.¹ Although not typically considered a disorder of aging, PTSD may differentially affect the geriatric population. The purpose of this article is to review PTSD as it has impacts on aging and the elderly.

It is not clear why some persons develop PTSD and others do not. The nature of the trauma as well as the frequency and severity likely has an impact on the development and course of PTSD. There are many different types of possible traumatic events: natural disasters, human-caused disasters, experiences of war as a civilian or a soldier, and interpersonal violence, such as sexual or physical trauma. The individual experience of "trauma" may differ related to the nature of the trauma as well as an individual's perception of the meaning of the event. The developmental stage at the time of trauma likely also has an impact on the expression of traumatic-based symptoms. Clearly, children of different ages process the same event differently. How this is extrapolated through the life span is unclear, however. The variability of experiences as a function of developmental timing likely accounts for some of the variation of trauma-based pathology, symptomatic expression, and prognosis. The examination of PTSD within the elderly population can include the impact of trauma occurring in early childhood through the twilight years as well as the accumulation of traumatic events throughout the life span. Controlling and accounting for this is a daunting task.

Much of the current understanding of PTSD has been derived from studies of veterans of major conflicts, such as World War II and the Vietnam War. Military experience typically occurs in early adulthood and the cohorts studied have largely been white men. The reliance on retrospective design and focus on specific cohorts may limit the generalizability of the data to other populations.

IMPACT OF ACUTE TRAUMA ON OLDER ADULTS

The impact of acute trauma on the elderly is not well understood and this may reflect the challenge to design studies that control for the multitude of conditions and processes that also correlate with aging, including cumulative trauma. The inoculation hypothesis proposes that exposure to trauma at different points in time is protective, or inoculates against the effects of subsequent traumas with age. Israeli residents exposed to on average 7 years of rocket fire were assessed for trauma-based symptoms using a telephone survey. Older age did correlate with increased symptom burden; however, prior exposure to other traumatic events attenuated this risk.² The mechanism of this protection is unknown; it is hypothesized that prior trauma exposure allows for the development of coping strategies that mitigate risks of subsequent trauma and risk of PTSD.

Traumas could also act cumulatively to exacerbate vulnerability to PTSD, perhaps by triggering the memories of older painful events. Aging male veterans (50–65 years) were assessed for psychiatric disorders, combat exposure, and PTSD at 2 time points. Exposure to combat predicted a diagnosis of PTSD, which was associated with increased current level of stress.³ This suggests that trauma history confers a vulnerability to acute stress and possibly PTSD.

The elderly could be differentially vulnerable to PTSD independent of their prior life traumas. Age-related factors, including worsening cognition, changes in roles (retirement or caregiver roles), losses of family and friends, increasing debility, and changes in health could enhance the pathogenicity of a traumatic event. On the contrary, age may also be associated with resilience and a life perspective that renders older individuals less vulnerable to developing PTSD after traumatic experiences.

It is also possible that advancing age is not a factor in the development of PTSD. A retrospective study of community dwellers exposed to an aircraft crash assessed at

Download English Version:

<https://daneshyari.com/en/article/8816190>

Download Persian Version:

<https://daneshyari.com/article/8816190>

[Daneshyari.com](https://daneshyari.com)